

MAY 12 2003



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AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO. 66656-117 (P-PM 49562)
SERIAL NO: 09/955,407	FILING DATE: 9/12/01	EXAMINER: C. Qian	GROUP ART UNIT: 1636 CONFIRMATION NO.: 1602
INVENTION: METHODS FOR IDENTIFYING A PREFERRED LIVER TRANSPLANT DONOR			

TO: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"  
 "EXPRESS MAIL" MAILING LABEL NUMBER: EV347546392US  
 DATE OF DEPOSIT: May 12, 2003  
 I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING  
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 "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER  
 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS  
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Carrie Hines  
 (TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)  
  
 (SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Restriction Requirement mailed February 11, 2003, in the above-identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Two-Month Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

## CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	34	-	34	-	0	x	\$9	\$18	=	\$	\$0.00
INDEPENDENT CLAIMS	3	-	3	-	0	x	\$42	\$84	=	\$	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			____ YES		____ X ____ NO		\$140	\$280	=	\$	\$0.00
							TOTAL ADDITIONAL FEE			\$	\$0.00

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: Hugo R. Rosen  
Serial No.: 09/955,407  
Filed: September 12, 2001  
Page 2

- X Please charge my Deposit Account No. 502624 the amount of \$410.00, which covers the fee for a two-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena  
Registration No. 44,048  
McDERMOTT, WILL & EMERY  
4370 La Jolla Village Drive  
7<sup>th</sup> Floor  
San Diego, California 92122  
858-535-9001  
USPTO CUSTOMER NO. 23601

49



PATENT

Client-Matter No.: 66656-117 (P-PM 4953)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: )  
Hugo R. Rosen )  
Serial No.: 09/955,407 )  
Filed: September 12, 2001 )  
For: METHODS FOR IDENTIFYING A )  
PREFERRED LIVER )  
TRANSPLANT DONOR )

Confirmation No.: 1602  
Group Art Unit: 1636  
Examiner: C. Qian

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ALEXANDRIA, VA 22313-1450

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Carrie Hines  
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)  
Carrie Hines  
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Sir:

RESPONSE TO RESTRICTION REQUIREMENT

Responsive to the Restriction Requirement mailed  
February 11, 2003, consideration of the following remarks is  
respectfully requested.

Claims 1-34 are pending and have been restricted under  
35 U.S.C. § 121 into the following groups:

- Group I : Claims 1-24, drawn to a method of identifying  
a preferred liver transplant donor by  
determining a polymorphic site that is  
associated with a tumor necrosis factor; and
- Group II : Claims 25-34, drawn to a method for limiting  
the severity of recurrence of hepatitis C in  
a liver transplant recipient.

Inventor: Hugo R. Rosen  
Serial No.: 09/955,407  
Filed: September 12, 2001  
Page 2

The Examiner requests that one of the groups of claims be elected for examination. Although the restriction requirement is traversed for the reasons set forth below, Applicants elect the claims of Group I, claims 1-24, for examination.

The Restriction Requirement is traversed with respect to the division of the claims of Group I from the claims of Group II. It is submitted that a thorough search of the claims of either group will likely reveal art relevant to the examination of the claims of the other group. Thus, a search of the claims of Group I will, of necessity, reveal information relevant to the examination of the claims of Group II and, therefore, division of the claims into these groups would result in duplicative searches. Therefore, examination of the claims of Group II with the claims of Group I together should not be an undue burden on the Examiner.


Applicant has elected the claims of Group I for examination. Applicant respectfully requests that the Restriction Requirement be reconsidered and that the claims of Group II be examined with the claims of Group I. The Examiner is

Inventor: Hugo R. Rosen  
Serial No.: 09/955,407  
Filed: September 12, 2001  
Page 3

invited to call Cathryn Campbell or the undersigned agent if  
there are any questions.

Respectfully submitted,

May 12, 2003  
Date

  
Deborah L. Cadena  
Registration No. 44,048  
Telephone No.: (858) 535-9001  
Facsimile No.: (858) 535-8949

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